

PRIOR APPROVAL REQUEST***HIGH INTENSITY SERVICES REQUEST**

County	Date of submission
Name of Child	Date of Birth
Service Coordinator	Service Coordinator Phone AND Fax
Provider Name and Discipline	ED team name and Discipline

INFORMATION LISTED BELOW MUST BE ATTACHED, VERIFIED, AND COMPLETED FOR CONSIDERATION OF REQUEST BY FIRST STEPS

- ☐ Eligibility Determination Statement
- ☐ Documentation of all service(s) currently provided, including provider(s), discipline(s), intensity and frequency
- ☐ The related outcome(s) and/or short term goal(s) to be achieved
- ☐ Documentation of strategies and approaches currently in use
- ☐ Proposed activities/ goals for additional sessions
- ☐ Documentation of family involvement/ training/ follow through
- ☐ Obstacles to current service level
- ☐ Documentation of team discussion/ approval
- ☐ Face to Face sheets for the last quarter
- ☐ Last 3 progress reports

** You may also submit any other documentation you feel might be relevant to the request.*

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Current Service Level _____

Length of time at current service level _____

Proposed Service Level _____

Suggested length of time at proposed service level _____

Number of: Sessions _____ Missed Sessions _____

THIS BOX FOR BUREAU OF CHILD DEVELOPMENT SERVICES USE ONLY

☐ **APPROVED** Length of time: _____ **PRIOR APPROVAL #** _____

☐ **DENIED** Reason: _____

☐ **PENDING** Information needed: _____

Signature _____

Date _____